

## Application Data Sheet

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: PAPER-BASED INTERFACE FOR SPECIFYING RANGES  
Attorney Docket Number:: 015358-006520US  
Request for Early Publication:: No  
Request for Non-Publication:: Yes  
Suggested Drawing Figure:: 24  
Total Drawing Sheets:: 34  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jamey  
Middle Name::  
Family Name:: Graham  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1196 Shasta Avenue  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95126

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gregory  
Middle Name:: J.  
Family Name:: Wolff  
Name Suffix::  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 560 California Way  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name:: J.  
Family Name:: Hull  
Name Suffix::  
City of Residence:: San Carlos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 751 Laurel Street PMB 434  
City of Mailing Address:: San Carlos  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94070

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number::

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/175,540	06/18/02
This Application	Continuation-in-part of	10/001,895	11/19/01

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::